

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 06, 2001 8:00 am**  
**Secretary of State**

01-26-2001 90143 039 \*\*\*\*61.25

**DOCUMENT # N95000004349**

1. Entity Name

**COLLIER COUNTY 10-13 CLUB, INC.**

Principal Place of Business

188 FURSE LAKES CIR  
 APT G6  
 NAPLES FL 34104

Mailing Address

188 FURSE LAKES CIR  
 APT G6  
 NAPLES FL 34104

2. Principal Place of Business

**209 SILVERADO DR**  
 Suite, Apt. #, etc.

3. Mailing Address

**209 SILVERADO DR**  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**NAPLES FL**

City & State

**NAPLES FL**

4. FEI Number

**65-0631692**

Applied For

Not Applicable

Zip

Country

**34119**

**Collier**

Zip

Country

**34119**

**COLLIER**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**MAXWELL, ROBERT**  
 188 FURSE LAKES CIR  
 G6  
 NAPLES FL 34104

7. Name and Address of New Registered Agent

Name **LES HARVEY**  
 Street Address (P.O. Box Number is Not Acceptable)  
**209 SILVERADO DR**  
 City **NAPLES FL** Zip Code **34119**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

*[Signature]*

*[Signature]*

**1/19/01**  
 DATE

**FILE NOW:**  
**SEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>KELLY, WILLIAM</b>	
STREET ADDRESS	<b>1045 MAINSAIL DR #413</b>	
CITY-ST-ZIP	<b>NAPLES FL 34114</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>CAPOBIAJNO, PAUL</b>	
STREET ADDRESS	<b>3511 23RD AVE SW</b>	
CITY-ST-ZIP	<b>NAPLES FL 34117</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>ADRIO, FRED</b>	
STREET ADDRESS	<b>1611 BEGONIA CT</b>	
CITY-ST-ZIP	<b>MARCO ISLAND FL 34145</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>CRESSWELL, JEFF</b>	
STREET ADDRESS	<b>5051 TANKWOOD DR</b>	
CITY-ST-ZIP	<b>NAPLES FL 34109</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>LARKIN, BRIAN</b>	
STREET ADDRESS	<b>8165 LOWBANK DR</b>	
CITY-ST-ZIP	<b>NAPLES FL 34109</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SCHIMMENTI, RANDY</b>	
STREET ADDRESS	<b>210 PALMETTO DUNES CIR</b>	
CITY-ST-ZIP	<b>NAPLES FL 34113</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>VICE PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILLIAM BUTTERWORTH</b>	
STREET ADDRESS	<b>7675 GROVES RD.</b>	
CITY-ST-ZIP	<b>NAPLES FL 34109</b>	
TITLE	<b>TREASURER</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FRANK CANDITO</b>	
STREET ADDRESS	<b>802 PINESIA LA</b>	
CITY-ST-ZIP	<b>NAPLES FL 34108</b>	
TITLE	<b>SECRETARY</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MIKEY ANDER</b>	
STREET ADDRESS	<b>655 LUISA LANE</b>	
CITY-ST-ZIP	<b>NAPLES FL 34104</b>	
TITLE	<b>DIRECTOR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILLIAM KELLY</b>	
STREET ADDRESS	<b>1045 MAINSAIL DR #413</b>	
CITY-ST-ZIP	<b>NAPLES FL 34114</b>	
TITLE	<b>DIRECTOR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JEFF CRESSWELL</b>	
STREET ADDRESS	<b>5051 TANKWOOD DR.</b>	
CITY-ST-ZIP	<b>NAPLES FL 34109</b>	
TITLE	<b>SECRETARY</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BOB MAXWELL</b>	
STREET ADDRESS	<b>188 FURSE LAKES CIR #66</b>	
CITY-ST-ZIP	<b>NAPLES FL 34104</b>	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other the empowered.

SIGNATURE: **SIGNATURE REQUIRED** *[Signature]* **1/19/01** **261-6622**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **2-26-01** **941**  
 Date Daytime Phone #

CR2E037 (10/00)